

Reset Form

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)Aistrophe for City Council**IMPORTANT:** Indicate by # type of committee you are reporting for: 6(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Gordon Aistrophe

Political Party (if applicable)

Office Sought

City Council Member

District (if Senate or House)

FORM

DR-2

DISCLOSURE

(Rev. 12/2005) **IA ETHICS AND CAMPAIGN DISCLOSURE REPORT**

For Office Use Only

2009 SEP 28 AM 9:07

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign

Disclosure Board

510 E. 12th, Ste. 1A

Des Moines, Iowa 50319

Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Gordon L. Aistrophe

SIGNATURE OF PERSON FILING REPORT

(641) 684-5881

TELEPHONE

9-25-09

DATE SIGNED

I AM FILING A September 25, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Primary 10/6/09

County & Local Committees, enter County in which Election is held

Wapeello**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ -0-**ADD TOTAL MONEY TAKEN IN THIS PERIOD**Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 480.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)SUB-TOTAL \$ 480.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) \$ -0-Schedule F: Loan Repayments total (Attach Schedule F) \$ -0-**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 480.00****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ -0-***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ -0-****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ -0-**CONSULTANT BREAKDOWN** (Schedule G Attached?) YES NO N/A**CANDIDATE COMMITTEES ONLY:****VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ -0-**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Aistrops for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9-14-09	ID# CK# 1046	Darlene E. Peters 321 Lynwood Ave. OTTUMWA, IA 52501	N/A	\$ 20 ⁰⁰	<input type="checkbox"/>
9-15-09	ID# CK# 3894	Ernest L. Harms 56 Woodshire Dr. OTTUMWA, IA 52501	N/A	50 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 1277	Reinold Brickey 14 Weaver Dr. OTTUMWA, IA 52501	N/A	35 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 4752	Nancy A. Harms 56 Woodshire Dr. OTTUMWA, IA 52501	N/A	50 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 2858	Ted Heas 1550 N. Van Buren OTTUMWA, IA 52501	N/A	25 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 2172	Martin R Helgeson 4338 180th Ave. OTTUMWA, IA 52501	N/A	50 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 7936	Jerry L. Krafko 931 W. Mary OTTUMWA, IA 52501	N/A	75 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# 1326	Jon M. Wiegand 602 Winchester OTTUMWA, IA 52501	N/A	50 ⁰⁰	<input type="checkbox"/>
9-18-09	ID# CK# C254	Jim Pumroy 1705 West St. OTTUMWA, IA 52501	N/A	25 ⁰⁰	<input type="checkbox"/>
9-22-09	ID# CK# 1205	Thomas M. Awtry 17 Timberview Estates OTTUMWA, IA 52501	N/A	100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 480 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 480 ⁰⁰	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)